



Barn Address

Lake View Stables
1401 Turkey Valley Road
Hollidaysburg, PA 16648
www.DreamsGoOn.com

Mailing Address

Ketrow / Kurtz Travel
% Karen Kurtz
110 Hollidaysburg Plaza
Duncansville, PA 16635

REGISTRATION and WAIVERS

Rider Name: _____

Date of Birth: _____

Address: _____

Phone(s): _____

Email address: _____

Parent(s)/Guardian: _____

School Presently Attending: _____

Rider's Medical Insurance Company: _____

Insurance #: _____

Liability Release

_____ (Rider's name) would like to participate in Dreams Go On, Inc. Therapeutic Horseback Riding Program. I acknowledge and understand the risks and potential risks of horseback riding. However, I feel that the possible benefits for myself/ son/ daughter/ ward are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors, or administrators, waive and release forever all claims for damage against Dreams Go On, Inc., its Board of Directors, Instructors, Volunteers, Therapists, Members, Owners of equines, and owners or employees of the stable for any and all injuries and losses I/ my son/ daughter/ ward may sustain while participating.

Signature of Rider (if over 18): _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Photo Release

I hereby consent to authorize the use and reproduction by Dreams Go On, Inc. of any and all photographic and audiovisual material taken of me/ my son/ my daughter/ my guardian for promotional purposes, educational activities, exhibitions or any other use for the benefit of the program.

Signature of Rider (if over 18): _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Waiver

In the event emergency/medical treatment is required due to illness or injury during a riding session or while on the property, I authorize Dreams Go On, Inc. Staff to provide the appropriate basic medical treatment.

Signature of Rider (if over 18): _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Pennsylvania Equine Liability Law:

You assume the risk of Equine Activities pursuant to Pennsylvania Law. 2005

Please send the indicated material to our mailing address listed above.

Sincerely,

Debbie Kelly

Program Manager

Dreams Go On, Inc.

DreamsGoOnInc@gmail.com